

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

0607433

DOCUMENT # P96000023173

1. Entity Name

BALLOVE REPORTING SERVICE, INC.

03-27-2001 90029 027 ***150.00

Principal Place of Business

Mailing Address

1 FINANCIAL PLAZA
SUITE 2202
FORT LAUDERDALE FL 33394
US

1 FINANCIAL PLAZA
SUITE 2202
FORT LAUDERDALE FL 33394
US

2. Principal Place of Business

3. Mailing Address

172 W. Flagler St.

172 W. Flagler

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 325

Suite 325

City & State
Miami, FL

City & State
Miami, FL

Zip

Country

Zip

Country

33130

USA

33130

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOFFA, JOSEPH C
1 FINANCIAL PLAZA
SUITE 2202
FORT LAUDERDALE FL 33394

Name **BETTY J. Hall**

Street Address (P.O. Box Number is Not Acceptable)

172 W. Flagler St.

Suite 325

City **Miami**

FL

Zip Code

33130

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

BETTY J. HALL

Betty J. Hall

3/14/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
NAME **MOFFA, JOSEPH C**
STREET ADDRESS **1 FINANCIAL PLAZA SUITE 2202**
CITY-ST-ZIP **FORT LAUDERDALE FL 33394**

TITLE **PRV/S/T** ☒ Change ☐ Addition
NAME **BETTY J. Hall**
STREET ADDRESS **172 W. Flagler St., Ste. 325**
CITY-ST-ZIP **Miami, FL 33130**

TITLE **VP** ☒ Delete
NAME **HALL, BETTY**
STREET ADDRESS **1 FINANCIAL PLAZA SUITE 2202**
CITY-ST-ZIP **FT LAUDERDALE FL 33394**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete
NAME **MOFFA, CATHY**
STREET ADDRESS **1 FINANCIAL PLAZA STE 2202**
CITY-ST-ZIP **FT LAUDERDALE FL 33394**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Betty J. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (954) 763-1608
Date Daytime Phone #

CR2E034 (10/00)